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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**

**FY 2005**

**Docket Number (Optional)**  
**CIRC018**

**(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)**

Application No. 09/835,873

Filed April 16, 2001

For Mark Vange et al.

Art Unit 2161

Examiner H. ALAUBAIDI

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>120</u>	\$ <u>60</u>	\$ <u>60.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ <u>450</u>	\$ <u>225</u>	\$ <u>0</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ <u>1020</u>	\$ <u>510</u>	\$ <u>0</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <u>1590</u>	\$ <u>795</u>	\$ <u>0</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ <u>2160</u>	\$ <u>1080</u>	\$ <u>0</u>

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

- I am the
- ☐ applicant/inventor.
  - ☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
  - ☒ attorney or agent of record. Registration Number 46,901
  - ☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

Signature

Michael C. Martensen

Typed or printed name

August 1, 2005

Date

(719) 448-5910

Telephone Number

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.**

- ☒ Total of 1 forms are submitted.

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